

## INTER-MOUNTAIN LABORATORIES, INC.

Invoice 1677 1186363 - R8 SDMS

2506 W. Main Street Farmington, New Mexico 87401 Telephone (505) 326-4737

| CLIE   | Rico Devel<br>Mike Towne<br>P. O. Box<br>Rico, Colo | e<br>130      | 3133:         | 2                  |                                       |                |               |                      |
|--|---|---------------|---------------|--------------------|---------------------------------------|----------------|---------------|----------------------|
| Payment due within 30 days after 12/26/90 Month, Day, Year |   |               |               |                    |                                       |                |               |                      |
|  | SCHEDULE  | OF SER        | VICE          | S PERFO            | RMED                                  |                |               |                      |
| Number<br>of<br>Samples                                    | Туре  | Unit<br>price | Rec'd         |                    |                                       | Date<br>Rec'd. | Job<br>Number | Total<br>Price       |
| 2  | NPDES   | Ex. 4 CBI     | 551           | 5512-5513 12       |                                       |                | 90            | Ex. 4 CBI            |
|  |   |               |               |                    |                                       |                |               |                      |
|  |   |               |               |                    |                                       |                |               |                      |
|  |   |               |               |                    |                                       |                |               |                      |
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|  |   |               |               |                    |                                       |                | <del> </del>  |                      |
|  |   |               |               |                    |                                       |                |               |                      |
| Professional Services                                      |   |               |               | Number<br>of Hours | Rate                                  |                | Job<br>Number | Total<br>Price       |
|  |   |               |               |                    |                                       |                |               |                      |
|  |   |               |               |                    |                                       | /              |               |                      |
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|  |   |               |               |                    | 1                                     | <del></del>    |               |                      |
| Cost Item R  |   |               | ceipt<br>mber | Actual<br>Cost     | 15%<br>Fee                            |                | Job<br>umber  | Costs of<br>Services |
|  |   |               |               |                    |                                       |                |               |                      |
|  |   |               |               |                    |                                       |                |               |                      |
|  |   |               |               |                    | 1                                     |                | - T           |                      |

Please Pay

Invoice Total Ex. 4 CBI

NOTE: Balances unpaid after due date are subject to a late payment charge of 1.5% per month (18% per year).